

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	NUMBER	ID NO.	DATE
FEE DETERMINATION	81		9-20-01
O.I.P.E. CLASSIFIER			10 9-28-01
FORMALITY REVIEW	P.B	M37	10/17/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	Original
1	8/22/01
2	✓ 8/22/01
3	0 8/22/01
4	1 8/22/01
5	0 8/22/01
6	1 8/22/01
7	✓ 8/22/01
8	0 8/22/01
9	f 8/22/01
10	0 8/22/01
11	0 8/22/01
12	b 8/22/01
13	0 8/22/01
14	✓ 8/22/01
15	✓ 8/22/01
16	0 8/22/01
17	0 8/22/01
18	0 8/22/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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